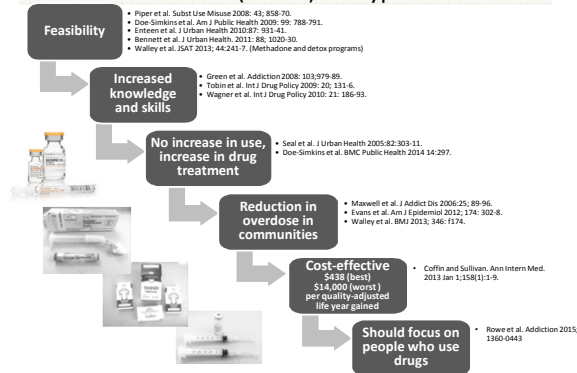
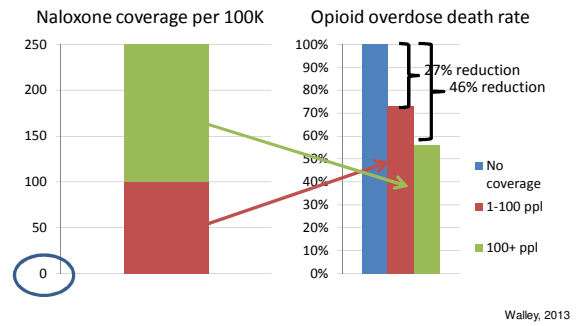


UNINTENDED CONSEQUENCES WERE
NEVER *UNANTICIPATED*
CONSEQUENCES

Evaluations of overdose education and naloxone distribution (OEND) to laypersons



Naloxone is effective...



...and cost-effective¹⁴


A manuscript in the *Annals of Internal Medicine* indicated that providing naloxone to heroin users is robustly cost-effective and possibly cost-saving. Investigators believe similar results apply to other opioid users.

Cost:

\$421 per quality-adjusted life-year gained

Benefit:

164 naloxone scripts = 1 prevented death



Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost-saving and 36 prescriptions would prevent one death.

Slide courtesy of Phillip Coffin & Emily Behar

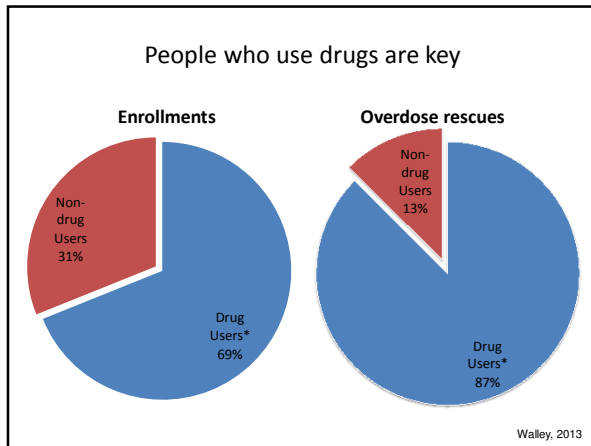
Evidence challenges & ethical considerations

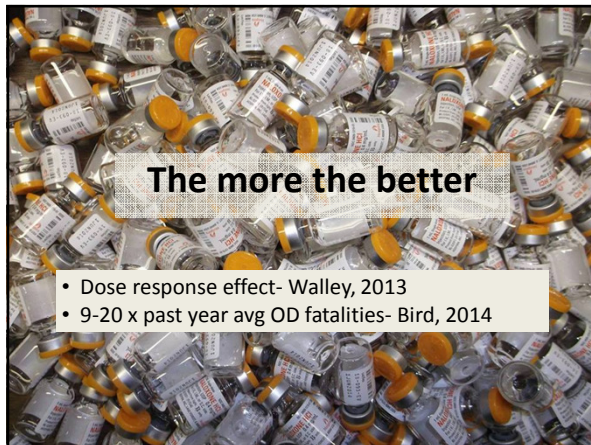
- RCTs
- Difficult to power
- Difficult measures
- Network effect
- Relatively weak design, but results all in same direction

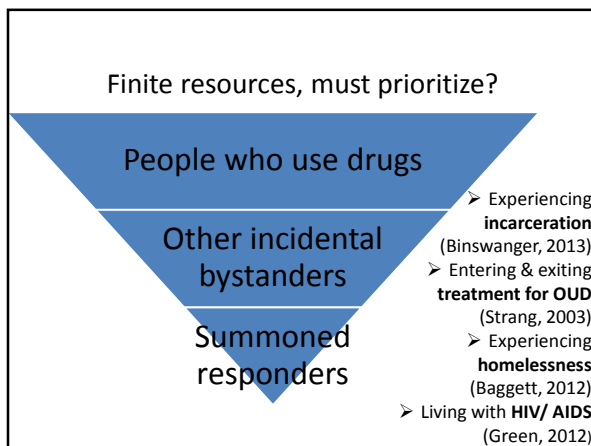
SAVE SOME NALOXONE

Image courtesy: Scottish Drugs Forum

BEST PRACTICES

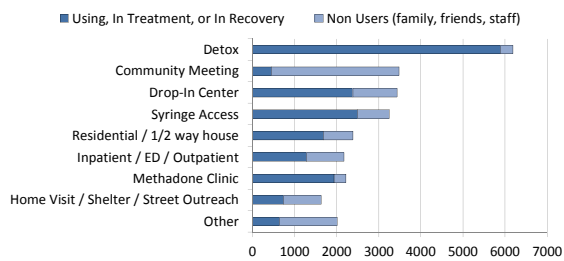






MODELS, ADAPTATIONS & CONSIDERATIONS

Enrollment locations: 2008-2014 (first half)



Data from people with location reported: Users: 17,494 Non-Users: 9,275

Currently > 28,000 enrollees and >3300 overdose rescues documented

MDPH Program data

Challenges for community programs Opportunities for prescription naloxone

- Naloxone cost is increasing, funding is minimal
- Missing people who don't identify as drug users, but have high risk
- Missing people who may periodically misuse opioids=no tolerance

- Co-prescribe naloxone with opioids for pain
- Co-prescribe with methadone/ buprenorphine for addiction
- Insurance should fund
- Increase patient, provider & pharmacist awareness
- Universalize overdose risk

Models for Prescribing Naloxone

**Prescriber writes prescription
Patient fills at pharmacy**

Setting: clinic with insured patients

Pharmacies alerted to prescribing plans

May need to have atomizers on-site for intranasal formulation

Consider providing informational brochure


Prescriber writes prescription and dispenses pre-packaged kit

Setting: medical care with resources to have and maintain kits on-site


Pharmacy provides naloxone directly to customer

Without prescriber contact under a collaborative practice agreement (CPA) or standing order

Encourage naloxone co-prescribing



Slide courtesy: Alex Walley & Prescribe To Prevent

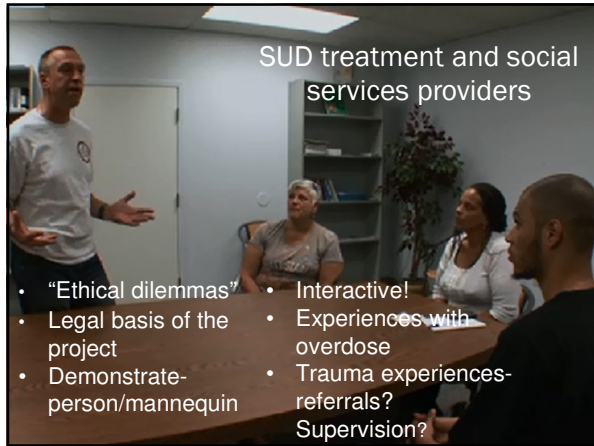


SUD Treatment

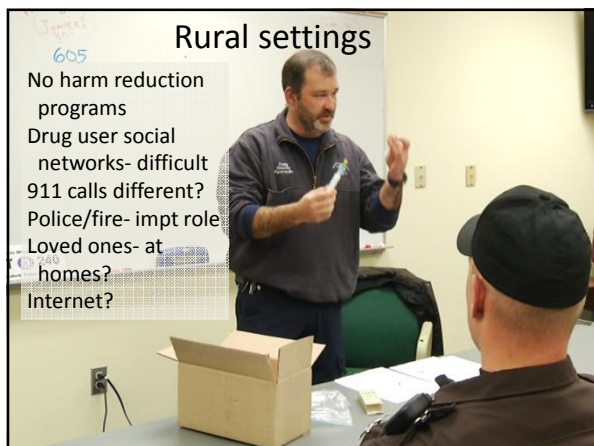
Screening
Intake
Assessment
Trauma screening
Orientation
Group/individual counseling
Positive drug screen
Discharge
When there is an overdose event
International Overdose Awareness Day

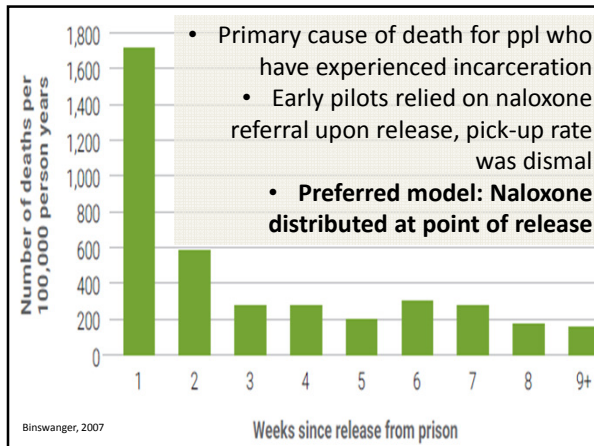
Models for OAT and detox		
Model	Advantages	Disadvantages
1. Staff provide OEND on-site	<ul style="list-style-type: none"> Good access to OEND OD prevention integrated 	<ul style="list-style-type: none"> Patients may not disclose risk
2. Outside staff provide OEND on-site	<ul style="list-style-type: none"> OD prevention integrated Interagency cooperation Low burden on staff 	<ul style="list-style-type: none"> Community OEND program needed
3. OE provided onsite, naloxone received off-site	<ul style="list-style-type: none"> OD prevention integrated Interagency cooperation 	<ul style="list-style-type: none"> Increased patient burden to get naloxone
4. Outside staff recruit near MMT or detox	<ul style="list-style-type: none"> Confidential access to OD prevention 	<ul style="list-style-type: none"> OD prevention not re-enforced in treatment Not all patients reached

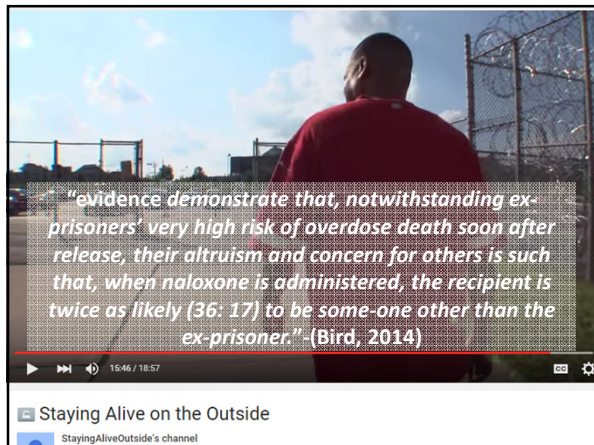
Walley, 2013



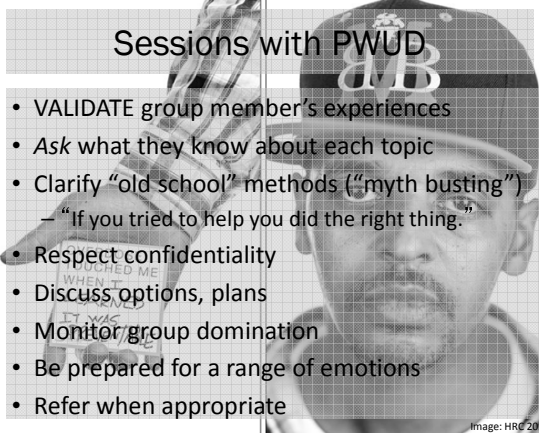












Sessions with PWUD

- VALIDATE group member's experiences
- Ask what they know about each topic
- Clarify "old school" methods ("myth busting")
 - "If you tried to help you did the right thing."
- Respect confidentiality
- Discuss options, plans
- Monitor group domination
- Be prepared for a range of emotions
- Refer when appropriate

Image: HRC 2014



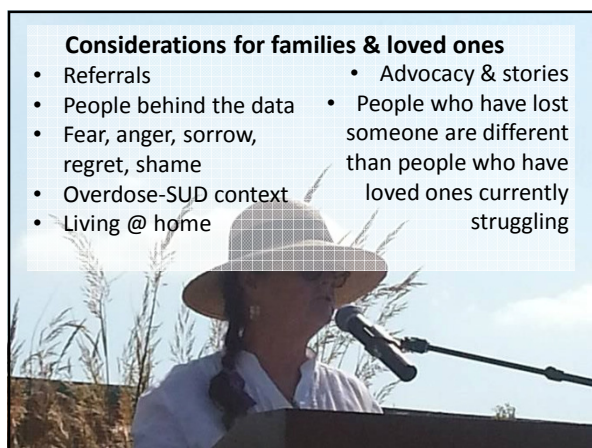


FIGHTING TO END THE AMERICAN
DRUG OVERDOSE EPIDEMIC

“Providing naloxone to
opioid users is harm
reduction on a really
intimate, yet grand scale
because every OD death
that is prevented is
hundreds if not thousands
of people prevented from
grieving. With each OD
death prevented, it's all
that sorry, grief, and loss
prevented.”



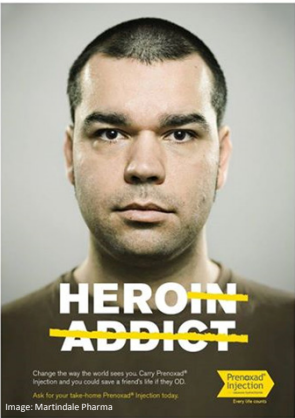
Reaching
Prevention



Considerations for families & loved ones

- Referrals
- People behind the data
- Fear, anger, sorrow, regret, shame
- Overdose-SUD context
- Living @ home
- Advocacy & stories
- People who have lost someone are different than people who have loved ones currently struggling





Conclusions

- “What is the goal?” affects intervention design
- Evidence says people who use drugs
- The more naloxone in a community, the better
- Wildly adaptable
- Challenge stigma



**Fortune cookies fortell the future.
Naloxone means people have one.**

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 Photographers & their subjects

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Image: Stonetree Harm Reduction

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